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APPLICATION NO.	FILING DATE	ļ.	FIRST NAMED INVENTOR	AT	TORNEY DOCKET NO.	CONFIRMATION NO.
10/728,114	12/04/2003		Jugnu Jain-Pandey		VPI/02 135 US	7651
TITLE OF INVENTION: O						,
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FE	E TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	03/02/2011
EXAMINER		ART UNIT	CLASS-SUBCLASS			
WEDDINGTON, KEVIN E		1614	514-045000			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563). Change of correspondence address for Change of Correspondence Address for PIOSB/122) attached. The Address from Fuch British and Change of Correspondence Address from Fuch British and Change of Correspondence Address from Fuch British and Change of Correspondence Address from Fundamental Change of Correspondence Address from Fundamental Change of Correspondence Address of Change of Change of Correspondence Address of Change of Change of Correspondence Address for Change of Corresponde			2. For printing on the pasent front page, list (1) the annes of up o 3 registered patent attorneys or agents OR, alternatively. (2) the same of a single firm thosting as a member a registered attorney or agent) and the anges of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATTENT (oring or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment. (a) NAME OF ASSIGNEE (b) RESIDENCE: (CITY and STATE OR COUNTRY)						
Vertex Pharmaceuticals Incorporated Cambridge, Massachusetts						
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🚨 Government						
4a. The following fee(s) are submitted: ☐ Issue Fee ☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies 5. Change in Entity Status (from status indicated above)			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 500 T23 (enclose an extra copy of this form).			
a. Applicant claims S			☐ b. Applicant is no lon	ger claiming SMALL l	ENTITY status. Sec 37 C	FR 1.27(g)(2).
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Authorized Signature /	Michael C. Bac	lia/		Date Marc	h 2, 2011	
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